

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027448

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1679

STATE FILE NUMBER

FILED JUL 29 1963

VS 300.
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff, Missouri

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy Lee Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

c. CITY OR TOWN Qulin

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rt. 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Eathel Wells

4. DATE OF DEATH
Month Day Year
July 15, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
Mar. 20, 1912

9. AGE (last birthday)
51
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Baby Sitter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Piggott, Ark.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Sidney Seawright

13b. MOTHER'S MAIDEN NAME

Bell Jackson

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Poplar Bluff, Mo.
Robert Seawright, 720 Victor

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident (Hemiplegia) 2 days

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-14-63 to 7-15-63 and last saw her alive on 7-15-63

Death occurred at 10:00p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Norman E. Wilkins M. D.

22b. ADDRESS 218 North Broadway
Poplar Bluff, Missouri

22c. DATE SIGNED
7-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
July 17, 1963

23c. NAME OF CEMETERY OR CREMATORY
Qulin Cemetery

23d. LOCATION (City, town, or county) (State)
Qulin Mo.

24. FUNERAL DIRECTOR
Landess Funeral Home, Campbell, Mo.

25. DATE RECD. BY LOCAL REG.
7/22/1963

26. REGISTRAR'S SIGNATURE
Shelma Graham

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Christine L. Beall

Licensed Embalmer No.

4227

P. O. Address

Campbell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.